

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



MANAGER'S APPLICATION

OFFICIAL USE ONLY

License Number:		Date Accepted:				Accepted by:			
Fees Paid: \$	From	To		Issue Date:	From	To			
Date Approved by Board / /	Initial: →								
Date Denied by Board / /	Initial: →								

TO BE COMPLETED BY APPLICANT

1. Applicant's Name (Last, First, Middle Initial):					
2. Date of Birth:		3. Place of Birth:		4. Home Telephone Number:	
5. Residential Address			City		State Zip Code
6. Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please bring in qualifying documents and provide the information below:					
7. a. <input type="checkbox"/> US Passport		d. <input type="checkbox"/> Green card		f. Certificate number:	
b. <input type="checkbox"/> Naturalization papers		e. <input type="checkbox"/> Visa			
c. <input type="checkbox"/> Work permit				g. Expiration date:	
8. Have you ever:					
a. Received or applied for any alcoholic beverage license in D.C. or any state or territory <input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Had any alcoholic beverage license suspended or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No					
c. Been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years <i>(If yes, attach a copy of the court dispositor(s).)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Check appropriate box if either of the following applies:					
a. You have operational control over an ABC establishment <input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Serve in a managerial capacity for an ABC establishment <input type="checkbox"/> Yes <input type="checkbox"/> No					
c. The establishment is owned by you or an immediate family member. <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. If you have answered yes to question 8 or 9 please submit detailed explanation.					
11. Certification					
I _____, hereby certify that, I have obtained and read Title 25 of the D.C. Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I, certify under penalty of perjury, that the statements in the foregoing are true and correct.					
Signature _____		Subscribed and sworn to before me on this ____ day of ____, 20__.		Notary Public _____ My commission expires on ____	
12. In what language do you need vital documents translated?					

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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**INSTRUCTIONS FOR FILING APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC)
MANAGER'S LICENSE APPLICATION**

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the word "NONE".

FEE: The application must be accompanied by the proper license fee. The Manager's License fee is \$260, and is valid for a two year period from your issuance date. All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C. Treasurer, cash, or by credit card (except for American Express).

- All persons applying for the Manager's License must be 21 years of age.
- Applications must be submitted in person, Monday through Friday, between the hours of 8:30 a.m. to 3:30 p.m. Please bring valid government issued identification with you.
- Please note the term "APPLICANT" as used in this application designates the person in whose name the license will be issued if the application is approved.
- Your license may be issued the same day or it may be forwarded to the ABC Board for review.
- Application forms must be notarized where applicable.
- Attach extra sheets if necessary. Write, "see attachment" in any space, and print your name on the top of each sheet.

Instructions for the Manager's Application:

1. Print applicant's name (Last Name, First Name, Middle Initial);
2. Print applicant's date of birth;
3. Print applicant's place of birth;
4. Print applicant's home telephone number;
5. Print applicant's residential address (street address, city, state and zip code)
6. Check appropriate box, Yes or No, if you are eligible to work in the U.S. If yes, please bring in qualifying documents and provide the information requested in number 7;
7. Check the appropriate box, U.S. passport, naturalization papers, green card, visa, or work permit, and list the certificate number under 7f. and expiration date under 7g.;
 - a. U.S. passport
 - b. naturalization papers
 - c. green card
 - d. visa
 - e. work permit
8. Check appropriate box for the following questions, "Have you ever":
 - Received or applied for any alcoholic beverage license in DC or any state;
 - Had any alcoholic beverage license suspended or revoked;
 - Been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years. If yes, attach copy of the court disposition;
9. Check appropriate box, Yes or No, for the following questions:
 - If you have operational control over an ABC establishment;
 - If you serve in a managerial capacity for an ABC establishment;
 - Is an ABC establishment owned by you or an immediate family member;
10. If you answered "Yes", to question 8 or 9, please submit detailed explanation.
11. Certification: You must sign the certification, which states, "I hereby certify that, I have obtained and read Title 25 of the D.C. Official Code and Title 23 of the District of Columbia Municipal Regulations. I understand that I will be held responsible for complying with the laws and regulations contained therein. I, certify under penalty of perjury, that the statements in the foregoing are true and correct."
12. Please answer the question: In what language do you need vital documents translated?

Other forms required:

- **Clean Hands Certification:**

Complete appropriate information then have the form stamped by the District of Columbia's Office of Tax and Revenue (OTR) located at 941 North Capital Street, N.E., 1st Floor, Washington, D.C. 20002.

- **Police Clearance:**

All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Avenue, N.W., Washington, D.C. 20001. In addition, you must submit a police clearance for the jurisdiction in which you currently reside. Please be advised that you may apply for a temporary license without the police clearance but the temporary license will only be good for 90 days from the date of issuance. **If you do not submit the completed police clearance within 90 days all monies will be forfeited.**

- **Court Disposition:** All persons with a misdemeanor conviction during the last five (5) years or a felony conviction during the last ten (10) years must submit a copy of the court disposition.

- **Alcohol Awareness Certificate:**

Please submit your alcohol awareness certificate from an ABC Board approved provider. Please be advised that you may apply for a temporary license without the alcohol awareness certificate but the temporary license will only be good for 30 days from the date of issuance. **If you do not submit the completed alcohol awareness certificate within 90 days all monies will be forfeited.**

- **Release of Information:** Please sign and have your signature notarized.

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